

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|------------|----------------|
| | <i>Ab</i> | | 12-03-01 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | <i>12</i> | <i>12/19</i> |
| FORMALITY REVIEW | <i>md</i> | <i>579</i> | <i>8/29/02</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

20876
12/29/02